



DEPARTMENT OF FINANCE & ADMINISTRATION
Office of Personnel Management
Proof of Prior Service

Employee Name <i>(Last, First, Middle)</i>			SSN <i>(If transfer from non-participating agency)</i>
Personnel Number <i>(If applicable)</i>		Final Classification Title	Date Hired <i>(MM/DD/YY)</i>
Class Code	Paygrade	Annual Salary \$	Date Terminated or <i>(MM/DD/YY)</i> Date Retired

Employer

Agency/Institution Name		Date <i>(MM/DD/YY)</i>
Business Area <i>(If applicable)</i>	Personnel Area <i>(If applicable)</i>	

Prior Service Employment Dates

Original Hire Date	Career Service Date	Leave Accrual Date	Performance Appraisal Date
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Prior Service Leave Balances

Annual Leave <i>(Hrs./Mins.)</i>	Sick Leave <i>(Hrs./Mins.)</i>	Compensatory Leave <i>(Hrs./Mins.)</i>	TOTAL PRIOR LEAVE <i>(Hrs./Mins.)</i>
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Retirement System *Indicate Retirement System in which employee participated with prior state service*

<input type="checkbox"/> PER Contributory	<input checked="" type="checkbox"/> PERS Non-Contributory	<input type="checkbox"/> TRS	<input type="checkbox"/> TIAA-Cref.
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*The Department of Finance and Administration will, under certain conditions, count extra help service toward determining leave accrual dates. If applicable, this service is reflected in the leave accrual date provided above.

Authorization

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority		Date <i>(MM/DD/YY)</i>
Telephone Number	E-mail	Fax Number	